

SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

N. B.—In case of more

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 167
Registered No. 455

1. PLACE OF BIRTH

County Yila State Arizona
District or Township _____ or Village _____
City Miami No. 51 Live Oak Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Margarita Villapondo (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. 5. No., in order of birth. 6. Legitimate? yes 7. Date of birth Oct. 17-1928
Month Day Year

8. FATHER
Full name Cesaris Villapondo

9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona

10. Color or race Mex. 11. Age at last birthday 38 (Years)

12. Birthplace (city or place) Jalisco
(State or country) Mex.

13. Occupation
Nature of industry Miner

14. MOTHER
Full maiden name Juana Luzano

15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona

16. Color or race Mex. 17. Age at last birthday 26 (Years)

18. Birthplace (city or place) Jalisco
(State or country) Mex.

19. Occupation
Nature of industry Housewife

20. Number of children of this mother 3 (Taken as of time of birth of child herein certified and including this child). (a) Born alive and now living 3 (b) Born alive but now dead. (c) Stillborn. 21. Were precautions taken against ophthalmia neonatorum. yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE * 30

I hereby certify that I attended the birth of this child, who was Born alive at 10-4 m. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Cyril M. Brown Physician
(Physician or midwife).

Given name added from _____ Address Miami, Arizona

Month, day, year

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